

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

09/709 695

FILING DATE

11-11-00

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL DEP. | 18 | | | | | |
| TOTAL CLAIMS | | | | | | |

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